

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027857

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

209

Primary Registration District No.

3043

Registrar's No.

263

FILED JUL 31 1962

VS 300
Rev. 4/59

6648
3648

3

4 0

5 1

6

7 0

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9 4201

10

11

12 0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Marion

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Hannibal

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Marion

c. CITY OR TOWN Hannibal

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Elizabeth Hospital

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
506 Bird St.,

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Vincent P. Lennon

4. DATE OF DEATH
Month Day Year
July 13, 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
Aug. 6, 1902

9. AGE (last birthday)
59

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR.
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Asst. Formn. - Retired

10b. KIND OF BUSINESS OR INDUSTRY
Intl. Shoe

11. BIRTHPLACE (City and state or country)
Hannibal, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Daniel Lennon

13b. MOTHER'S MAIDEN NAME

Elizabeth Gibney

14. NAME OF HUSBAND OR WIFE

Dorothy Lennon

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT
Mrs. Dorothy Lennon, 506 Bird

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarct, acute

INTERVAL BETWEEN ONSET AND DEATH
4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-10-62 to 7-13-62 and last saw him alive on 7-13-62
Death occurred at 4:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Robert J. Lanning

(Design or title)

22b. ADDRESS

115 N. 5th St. Hannibal, Missouri

22c. DATE SIGNED

7-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

July 16, 1962

23c. NAME OF CEMETERY OR CREMATORY

St. Mary's Cemetery

23d. LOCATION (City, town, or county)

Hannibal, Mo.

(State)

24. FUNERAL DIRECTOR

H.M.O'Donnell, Hannibal, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

July 18, 1962

26. REGISTRAR'S SIGNATURE

St. E.M. Lucke by Hilkin

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

H. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit raised 7/19/62